

# APPLICATION FOR REACTIVATION OF AN IOWA CHIROPRACTOR LICENSE

**YOU MAY NOT PRACTICE IN THE STATE OF IOWA UNTIL YOUR LICENSE IS ACTIVE.**

	<b>Please write clearly and legibly</b>
License Number	
Name: First, Middle, Last	
Mailing Address	
City, State, Zip Code	
E-mail address	
	<i><b>Your email address is important! Renewal notifications will be emailed to the email address on file with the board at 60, 50, 40 and 30 days prior to the license expiration date.</b></i>
Primary Phone	
Date of Birth	
SSN	
Years license has been inactive	<input type="checkbox"/> License has been on inactive status for less than 5 years. <input type="checkbox"/> License has been on inactive status for more than 5 years
Fee Due	<b>\$180. Make check/money order payable to the Iowa Chiropractic Board</b>
Continuing Education Due	<b>Review the rules:</b> <a href="https://www.legis.iowa.gov/docs/iac/rule/05-08-2019.645.41.14.pdf">https://www.legis.iowa.gov/docs/iac/rule/05-08-2019.645.41.14.pdf</a>

If you answer “Yes” to any of the next five question, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. **Since the date your Iowa license was placed on inactive status, have you:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board, you may answer “NO” to this question. You do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

## Continuing Education

Yes	Not yet but am working on it.	I have completed the 40 hours of continuing education <b>and</b> have <b>included</b> the <b>copies</b> of completion certificates. <b>Every</b> reactivation requires completion of continuing education hours.
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## Mandatory Reporting: 7/1/2019 HF 731 MODIFIES MANDATORY REPORTER CHILD ABUSE AND DEPENDENT ADULT ABUSE TRAINING REQUIREMENTS: <https://dhs.iowa.gov/child-welfare/mandatoryreporter>

Licensee, who in the scope of their professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa are required to complete training in dependent adult and/or child abuse identification and reporting during the previous five years.

Yes	No	I do not examine, attend, counsel, or treat dependent adults or children in Iowa.
Yes	No	I examine, attend, counsel or treat dependent adults and/or children in Iowa and have completed the required training within the last five years.

**License verification(s) from other states**

Yes	No	Since the date that your Iowa license was placed on inactive status, are you or have you been licensed and/or practicing your profession in another state? If yes, list all states: _____
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**Insurance Consultant**

Yes	No	Have you served as a chiropractic insurance consultant in Iowa? This only applies if you (1) Hold a current license in Iowa, (2) Have practiced chiropractic in the state of Iowa during the immediately preceding five years, and (3) Are actively involved in a chiropractic practice during the term of appointment as a chiropractic insurance consultant. Active practice includes but is not limited to maintaining an office location and providing clinical care to patients.
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**Acupuncture**

Yes	No	Are you engaged in the practice of acupuncture? Chiropractors engaged in the practice of acupuncture must complete a minimum of 12 hours per biennium of continuing education in the field of acupuncture.
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**Certification/Attestation Statement**

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

**Contact Information:**

Bureau of Professional Licensure  
Iowa Department of Public Health  
5th Floor, Lucas State Office Building  
321 E. 12th St.  
Des Moines, IA 50319

Email: [PLPublic@idph.iowa.gov](mailto:PLPublic@idph.iowa.gov)

Phone: (515) 281-0254

Fax: (515) 281-3121

Bureau Website: [www.idph.iowa.gov/licensure](http://www.idph.iowa.gov/licensure)

Online Licensure Services: <https://ibplicense.iowa.gov>